

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34531

State File No.

Registration District 12 1948 4

Primary Registration District No. 5345

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Sac Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 mi. W. of Dadeville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 mi. W. of Dadeville
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO.

3. (a) PRINT FULL NAME Martha Elizabeth Smith

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Will Smith 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased February 5, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 18 _____ hr. _____ min.

9. Birthplace Dade Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Dewitt Mitchell
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Carey
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gray Speight
(b) Address Dadeville, Mo.
17. (a) Burial (b) Date thereof 7-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Corry Cemetery

18. (a) Signature of funeral director Hard Funeral Home
(b) Address Greenfield, Mo.
19. (a) July 25, 43 (b) Walter Kirby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1943 hour 7 minute P.M. M.

21. I hereby certify that I attended the deceased from July 20-43
to July 20, 1943
that I last saw her alive on July 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature W. O. Cowan (M. D. or other) _____
Address Greenfield, Mo. Date signed 8-3-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1346

RECEIVED

District Health Officer No. 6;

District File Number 1143-1210

Date Filed NOV 10 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Sam C. Sencer Jr.

Licensed Embalmer No. 4099

P. O. Address Greenfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.